

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036790

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 226

FILED SEP 19 1963

VS 300
Rev. 4/59

1 0551

2 0551

3 2

4 0

5 1

6

7 0

8 0

9 9148

10 46

11 055

12 91-0

13 6-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		c. CITY OR TOWN AURORA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. HIGHWAY 60		d. STREET ADDRESS (If outside, give location) 308 W. CHURCH Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM CLIFFORD CANTRELL		4. DATE OF DEATH Month Day Year SEPT. 10, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/4/08
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY RETAIL	
11. BIRTHPLACE (City and state or country) WEBSTER CO., MO USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM CANTRELL		13b. MOTHER'S MAIDEN NAME IDA ROBINSON	
14. NAME OF HUSBAND OR WIFE BERTHA CANTRELL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT BERTHA CANTRELL: AURORA, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO (b) 220 Volt Contact DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Immed.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from at death only and last saw her/him alive on _____ Death occurred at Apr 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Harrison (Degree or title)		22b. ADDRESS Aurora, Mo	
22c. DATE SIGNED 9-16-63		23. LOCATION (City, town, or county) (State) AURORA, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/12/63	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY	
24. FUNERAL DIRECTOR ARNOLD'S ADDRESS AURORA, MO.		25. DATE REGD. BY LOCAL REG. 9/11/63	
26. REGISTRAR'S SIGNATURE Helen Meyer		26. REGISTRAR'S SIGNATURE Acting Reg.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

SEP 25 1963

JAN 3 1967

OCT 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ervin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Aurora, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.